

# CLAIMS ONLY

Application Number

10-663989

Filing Date

Applicant(s)

CLAIMS

AS FILED

AFTER FIRST  
AMENDMENT

AFTER SECOND  
AMENDMENT

\* May be used for additional claims or amendments

Indep

Depend

Indep

Depend

Indep

Depend

Indep

Depend

Indep

Depend

Indep

Depend

1

2

3

4

5

6

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42

43

44

45

46

47

48

49

50

Total

Indep

Total

Depend

Total

Claims

1

5

6

53

54

55

56

57

58

59

60

61

62

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64

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67

68

69

70

71

72

73

74

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80

81

82

83

84

85

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92

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94

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96

97

98

99

100

Total

Indep

Total

Depend

Total

Claims